PART B - FEE(S) TRANSMITTAL

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Suite 600 Madison, WI 53		Marcia Layton Macy Sayton				(Depositor's name)			
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					L	1 December	2008	<u> </u>	(Date)
APPLICATION NO.	FILING DATE			FIRST NAMED INVEN	TOR		ATTOR	NEY DOCKET NO.	CONFIRMATION NO.
10/536,703	Graham Finlayson 78104090-N16933					9265			
TITLE OF INVENTION	: IMAGE SIGNAL PRO	CESSI	NG .	12/11/2008 INTE	FSW	00006032 105	36703		
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Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				registered attorney	a single firm (having as a memoer a leave or agent) and the names of up to sent attorneys or agents. If no name is				
3. ASSIGNEE NAME A		А ТО В	E PRINTED ON	<u></u>					· · · · · · · · · · · · · · · · · · ·
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	s SMALL ENTITY stat	us. See	37 CFR 1.27.	☐ b. Applicant is n	o lon	ger claiming SMA	LL ENT	TTY status. See 37 (CFR 1.27(g)(2).
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